

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X		:	
JIMMY FANFAN,		:	
	Plaintiff,	:	
		:	21 Civ. 704 (LGS)
-against-		:	
		:	<u>ORDER</u>
DR. DANIEL KAUFMAN,		:	
	Defendant.	:	
-----X		:	

LORNA G. SCHOFIELD, District Judge:

I. AUGUST 9, 2021 ORDER DIRECTING DEFENDANT TO ANSWER

WHEREAS, the Court granted Plaintiff's oral application to file, by May 31, 2021, an amended complaint alleging any additional facts as to Defendants Joaquin Y. and Cheryl Ancrum and attaching his relevant medical records. Dkt. No. 15.

WHEREAS, on August 9, 2021, the Court issued an Order stating that Plaintiff did not file an amended complaint and directing Dr. Daniel Kaufman to answer, move or otherwise respond to the Complaint by August 30, 2021. Dkt. No. 17.

WHEREAS, the Court subsequently received by mail Plaintiff's May 18, 2021, letter supplement to the Complaint, which is attached as Exhibit A and construed together with the Complaint as the Amended Complaint. *See Brooks v. Westchester Cnty. Jail*, No. 19 Civ. 10901, 2019 WL 6735607, at *1 (S.D.N.Y. Dec. 11, 2019) (construing a complaint and amended complaint together). It is hereby

ORDERED that, the deadline to answer the operative complaint -- now the Amended Complaint -- is **ADJOURNED *sine die*** and, for the reasons stated below, will be rescheduled once the U.S. Marshal's Services has effected service of the Amended Complaint on both Dr. Kaufman and Defendant Joaquin Y.

II. *BIVENS* CLAIMS

WHEREAS, the Prison Litigation Reform Act requires that federal courts screen complaints brought by prisoners who seek relief against a governmental entity or an officer or employee of a governmental entity. *See* U.S.C. § 1915(a). The Court must dismiss a prisoner’s IFP complaint, or any portion of the complaint, that is frivolous or malicious, fails to state a claim upon which relief may be granted or seeks monetary relief from a defendant who is immune from such relief. 28 U.S.C. §§ 1915(e)(2)(B), 1915A(b); *see Harnage v. Lightner*, 916 F.3d 138, 140 n.1 (2d Cir. 2019).

WHEREAS, the Court is obliged to construe *pro se* pleadings liberally and interpret them to raise the strongest claims that they suggest. *Costabile v. N.Y.C. Health and Hosp. Corp.*, 951 F.3d 77, 80 (2d Cir. 2020); *see also Triestman v. Fed. Bureau of Prisons*, 470 F.3d 471, 477 (2d Cir. 2006) (“There are many cases in which we have said that a *pro se* litigant is entitled to special solicitude; that a *pro se* litigant’s submissions must be construed liberally; and that such submissions be read to raise the strongest arguments that they suggest.” (internal quotation marks omitted)). But this “special solicitude” in *pro se* cases, *Triestman*, 470 F.3d at 477, has its limits -- to state a claim, *pro se* pleadings still must comply with Rule 8 of the Federal Rules of Civil Procedure, which requires a complaint to make a short and plain statement showing that the pleader is entitled to relief.

WHEREAS, the Supreme Court has held that under Rule 8, a complaint must include enough facts to state a claim for relief “that is plausible on its face.” *Bell Atl. Corp. v. Twombly*, 550 U.S. 544, 570 (2007). A claim is facially plausible if the complaint pleads enough factual detail to allow the Court to draw the inference that the defendant is liable for the alleged misconduct. *Id.* at 556. In reviewing the complaint, the Court must accept all well-pleaded

factual allegations as true. *Ashcroft v. Iqbal*, 556 U.S. 662, 678-79 (2009).

WHEREAS, because Plaintiff alleges that employees of the federal government violated his constitutional rights, his claims are construed as arising under *Bivens v. Six Unknown Named Agents of FBI*, 403 U.S. 388, 389-90 (1971) (considering whether a complaint stated a federal cause of action under the Fourth Amendment for damages, where the complaint alleged agents of the Federal Bureau of Narcotics, acting under color of federal law, made a warrantless entry); *see Iqbal*, 556 U.S. at 675-76 (“[*Bivens*] is the federal analog to suits brought against state officials under [] 42 U.S.C. § 1983.”) (internal citation omitted).

WHEREAS, the Amended Complaint purports to allege *Bivens* claims against Robert Beaudoin, Cheryl Ancrum and Joaquin Y. *See* Exhibit A.

WHEREAS, to state a claim for relief under *Bivens*, a plaintiff must allege facts that plausibly show that: (1) the challenged action was attributable to an officer acting under color of federal law, and (2) such conduct deprived him of a right, privilege, or immunity secured by the Constitution. *See Thomas v. Ashcroft*, 470 F.3d 491, 496 (2d Cir. 2006) (citing *Bivens*, 403 U.S. at 389); *accord Dubois v. City of White Plains*, 16 Civ. 07771, 2018 WL 6025868, at *3 (S.D.N.Y. Nov. 16, 2018).

WHEREAS, *Bivens* relief is available only against federal officials who are personally liable for the alleged constitutional violations. *Ziglar v. Abbasi*, 137 S. Ct. 1843, 1860 (2017); *Turkmen v. Hasty*, 789 F.3d 218, 233 (2d Cir. 2015) (citing *Iqbal*, 556 U.S. at 676-77). A plaintiff must allege facts showing the defendants’ direct and personal involvement in the alleged constitutional deprivation. *See Spavone v. N.Y. State Dep’t of Corr. Serv.*, 719 F.3d 127, 135 (2d Cir. 2013) (“It is well settled in this Circuit that personal involvement of defendants in [the] alleged constitutional deprivations is a prerequisite to an award of damages under § 1983.”)

(internal quotation marks omitted); *accord Nguedi v. Caulfield*, 813 F. App'x 1, 3 (2d Cir. 2020) (summary order) (affirming dismissal of claims brought against a former police commissioner for failure to allege personal involvement). “[A] plaintiff must plead and prove the elements of the underlying constitutional violation directly against [each defendant].” *Tangreti v. Bachmann*, 983 F.3d 609, 620 (2d Cir. 2020).

WHEREAS, the Eighth Amendment protects federal pretrial detainees from deliberate indifference to their serious medical needs. *See Charles v. Orange Cnty.*, 925 F.3d 73, 85 (2d Cir. 2019). To state a claim for inadequate medical care, a plaintiff must plead facts showing that (1) the deprivation of medical care is objectively “sufficiently serious” in light of a medical condition “that may produce death, degeneration, or extreme pain”; and (2) the defendant-official “knew . . . or should have known that failing to provide the omitted medical treatment would pose a substantial risk to detainee’s health.” *Id.* at 86-87.

WHEREAS, the Amended Complaint states a *Bivens* claim against Joaquin Y. The Amended Complaint alleges that Plaintiff made numerous complaints to Joaquin Y. about his jaw injury and that despite Plaintiff’s requests and pain, Joaquin Y. did not call a doctor. The Amended Complaint does not allege specific facts sufficient to support *Bivens* claims against Cheryl Ancrum or Robert Beaudoin. It is hereby

ORDERED that any claims against Cheryl Ancrum or Robert Beaudoin are **DISMISSED**.

III. VALENTIN ORDER

WHEREAS, under *Valentin v. Dinkins*, a *pro se* litigant is entitled to assistance from the district court in identifying a defendant. 121 F.3d 72, 76 (2d Cir. 1997); *accord Genao v. City of New York*, No. 20 Civ. 8721, 2020 WL 7360650, at *1 (S.D.N.Y. Dec. 15, 2020).

WHEREAS, in the Complaint and Amended Complaint, Plaintiff supplies sufficient information to permit the United States Attorney for the Southern District of New York to identify Joaquin Y. *See* Exhibit A. It is hereby

ORDERED that, the United States Attorney for the Southern District of New York, who is the attorney for and agent of the BOP, shall ascertain the service address for Joaquin Y., and provide this information to Plaintiff and the Court **within sixty days of the date of this Order**. Thereafter, the Court will issue an order directing the Clerk of Court to complete a USM-285 form with the address for Joaquin Y. and deliver all documents necessary to effect service on Joaquin Y. to the U.S. Marshals Service.

IV. UPDATED ADDRESS

WHEREAS, the Court received by mail Plaintiff's August 2, 2021, letter, attached as Exhibit B. The August 2, 2021, letter states that Plaintiff is moving to the Metropolitan Detention Center and that his new address is as follows:

Jimmy FanFan (#90863-053)
Metropolitan Detention Center
80 29th Street
Brooklyn, NY 11232

V. CONCLUSION

All claims against Robert Beaudouin and Cheryl Ancrum are **DISMISSED** with prejudice.

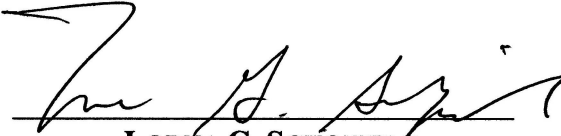
The Clerk of Court is respectfully directed to mail a copy of this Order and the Amended Complaint (Dkt. Nos. 2 and Exhibit A) to the Civil Division of the Office of the United States Attorney for the Southern District of New York at 86 Chambers Street, 3rd Floor, New York, New York 10007.

The Clerk of Court is also respectfully directed to update Plaintiff's address on the docket and to mail a copy of this Order to *pro se* Plaintiff and to Dr. Daniel Kaufman, at the following address:

Discreet Plastic Surgery;
1599 East 15th Street
Brooklyn, NY 11230.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would not be taken in good faith, and therefore in forma pauperis status is denied for the purpose of an appeal. *Cf. Coppedge v. United States*, 369 U.S. 438, 444-45 (1962) (holding that an appellant demonstrates good faith when he seeks review of a non-frivolous issue); *accord United States v. Kosic*, 944 F.3d 448, 449 (2d Cir. 2019).

Dated: August 13, 2021
New York, New York



LORNA G. SCHOFIELD
UNITED STATES DISTRICT JUDGE

5.18.21

Hon. Judge Lorna G SchoField,

I'm writing you in Reference case
21 Civ. (704), This is the Suppulment
to please ADD

Supplement Points

5.18.21

Hon. Judge Lorna G Schofield,
 This is case # CV-00704, Jimmy
 FANFAN # 90863-053, This is the supplement
 to add these individuals back on my suit
 please, Robert Beaudouin, Cheryl Ancrum DDS,
 Joaquin Y, MLP.

I've complained to STAFF ON 2-22-20 of
 Flu like symptoms. I complained to M.D Singh
 and also to Joaquin many times. I
 passed out on or around a week later,
 And when I passed out I hit my
 jaw on the floor, and complained to
 Joaquin and was told the Doctor
 would see me. but as weeks past
 I seen no Doctor. I stopped the
 A.W Assisant warden and complained of
 my jaw. She got me to X-Rays.
 when @ X-RAYed came to find out
 I had 2 Fractured on my jaw.
 When I made many complaints to
 Joaquin he never called me or the
 doctor never called me to sick call.
 I told them I was in Extreme
 pain. When they sent me to outside
 hosipal to Dr. Daniel Kaufman, when
 I got the wires removed it was
 for sure I think he re broke my jaw
 it is not lined up and also I'm
 in pain when I lay on that

side of my face, As you can see
from my medical records, I had
(2) Fracture's. If sick call would
of took me serious this could of
been avoided. Now I have permanent
damage to my Jaw.

God bless,

Jimmy Fanfan.

Jimmy Fanfan
#90963-053

150 Park Row
New York NY 10007

Defendant 4:

Daniel

Kaufman

First Name

Last Name

Doctor

Current Job Title (or other identifying information)

Ocean Ave

Current Work Address (or other address where defendant may be served)

Kings

N.Y

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence: M.C.C Metropolitan Correctional Center,

Date(s) of occurrence: 2.22.20, 3.20.20, 4.3.20

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

I complained to Medical Staff of flu like symptoms to Medical, staff ignored complaint on 2.22.20 from flu like symptoms I passed out, Medical claim there was nothing wrong with me, but I complained of pain in jaw, and was told take an Aspirin, when the pain would not go away. I stop the A.W of M.C.C and explained I could not bare the pain in left jaw. A.W had them look at me on 3.2.20 they said I would get X-Ray's, This was what Joaquin stated. I had to make Multiple complaints to get to X-Ray, And when I did on 3.19.20 the X-Ray showed I had 2 Fracture's in left jaw. On 4.23.20 when hardware was Removed it was torture he cut me gums Dr. Kaufman to Removed the screws without

ATTACH, Exhibit (1)

Any proper Sedat to ease the pain I was in so much pain. I Felt like passing out. The officers that escorted me had to hold me down to the chair.

As Dr. Daniel Kaufman removed the screws and plate off my gums. As for what Medical waste where lies. There was Extreme Pain. And also given the wrong medication on 5-17-20 by Lopes, Hygor NRP which was 100mg of Methadone.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

1) mandibular left angle fracture and 2) mandibular left low condylar fracture. I got an Operation to line my jaw, with screws, wires and 2 metal plates on my Gums.

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

Two million Dollars, \$ 2,000,000 is what I'm seeking...

Exhibit (1)

Any proper Sedat to ease the Pain
I was in so much pain, I felt
like passing out. The officers that
escorted me had to hold me down
to the chair, As Dr. Daniel Kaufman
removed the screws and plate off
my gums.

As for what Medical wrote
is a bunch of lies, I was in extream
pain.

I was given the wrong medication
By Lopes, Hygor NRP, which was
a 100 mg of Methadone.

Jimmy Fan Fan
Jimmy Fan Fan.
#90863-053

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

Robert

First Name

Beaudouin MD

Last Name

Doctor

Current Job Title (or other identifying information)

150 Park Row, New York

Current Work Address (or other address where defendant may be served)

New York

County, City

N.Y.

State

10007

Zip Code

Defendant 2:

Y

First Name

Joaquin

Last Name

MLP

Current Job Title (or other identifying information)

150 Park Row

Current Work Address (or other address where defendant may be served)

New York

County, City

N.Y.

State

10007

Zip Code

Defendant 3:

Cheryl

First Name

Ancrum

Last Name

Dentist

Current Job Title (or other identifying information)

150 Park Row

Current Work Address (or other address where defendant may be served)

New York

County, City

N.Y.

State

10007

Zip Code

If the defendant is an individual:

The defendant, Robert Beaudouin, MD, is a citizen of the State of
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or
subject of the foreign state of _____

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of
the State of _____

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____

If more than one defendant is named in the complaint, attach additional pages providing
information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional
pages if needed.

Jimmy Fan Fan
First Name Middle Initial Last Name
150 Park Row, Metropolitan Corr. Center.
Street Address
New York N.Y. 10007
County, City State Zip Code
(347) 234-1296
Telephone Number Email Address (if available)

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ Federal Question

☐ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

8th Amendment, Pain and Suffering.
~~8th Amendment~~ Cruel Unusual Punishments Inflicted
Negligence.

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, _____, is a citizen of the State of
(Plaintiff's name)

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

RECEIVED
SDNY PRO SE OFFICE
2021 JAN 23 AM 11:35

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Jimmy Fanfan #90863-053

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

COMPLAINT

Do you want a jury trial?

☒ Yes ☐ No

M.C.C
F.B.O.P, Robert Beaudouin MD,
Joaquin Y, MLP, Ancrum Cheryl
DDS, Dr. Daniel Kaufman, Lopes Hy-
gor NRP, Singh Mandeep PA.C

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

EX-1617 (1)

Bureau of Prisons

Health Services

Dental Soap/Admin Encounter - Administrative Note

Inmate Name:	FANFAN, JIMMY	Sex:	M	Race:	BLACK	Reg #:	90863-053
Date of Birth:	10/20/1971	Provider:	Ancrum, Cheryl DDS	Facility:	NYM	Unit:	101
Note Date:	03/18/2020 14:09						

Reviewed Health Status: Yes

Administrative Note encounter performed at Dental Clinic.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Ancrum, Cheryl DDS

Oral Surgery consult for evaluation of 1) mandibular left angle fx and 2) mandibular left low condylar fx, as per Dr. Kaufman

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled</u>	<u>Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Oral Surgery	03/19/2020	03/19/2020		Urgent	No	

Subtype:

Oral Surgery

Reason for Request:

Per Dr. Kaufman, please send to ER to evaluate 1) mandibular left angle fracture and 2) mandibular left low condylar fracture

Provisional Diagnosis:

Mandibular fractures

Additional Records Required for Consultation:

X-ray Image(s)

Coplay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Ancrum, Cheryl DDS on 03/18/2020 14:14

Requested to be reviewed by Beaudouin, Robert MD.

Review documentation will be displayed on the following page.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

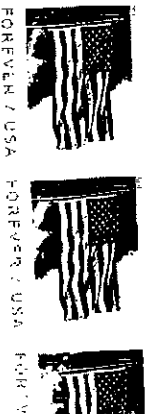
1-18-21
Dated
Jimmy
First Name
150 Park Row, Mcc New York, Metropolitan c.c
Street Address
New York
County, City
(347) 234-1296
Telephone Number
Jimmy Fan Fan
Plaintiff's Signature
FAN FAN
Last Name
N.Y
State
10007
Zip Code
Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

Jimmy Fan #90863-053
N.C. New York.
Metropolitan Correctional Center
150 Park Row
New York NY 10007



US
SDNY

Re Se Intake Unit &
500 Pearl Street
New York NY 10007

2021 JAN 25 AM 11:14

TRULINCS 90863053 - FANFAN, JIMMY - Unit: NYM-I-N

FROM: Dental
TO: 90863053
SUBJECT: RE:***Inmate to Staff Message***
DATE: 08/12/2020 12:37:03 PM

You had a complex fracture (multiple areas). If you are having any issues with the surgery, you need to go back to the specialist (Oral Surgeon) who did it, at least once, so he can take other types of x-rays, as needed, evaluate and address your concerns. The x-ray taken at MCC NY was not for on site diagnosis or determination of treatment outcome. Pain meds will be renewed but it is up to the Oral Surgeon to determine if they will be needed long term. The dentist at MCC NY is not a specialist, cannot answer your questions and cannot provide any further guidance in this matter. Again, it is highly advised that you return to the Oral Surgeon, that did the initial surgery, for follow up.

Are you ready to be set up with a follow up appointment for the Oral Surgeon? Please respond with a return email. Until then, the refusal form you signed on 6/3/2020 remains in effect. Again, when you return to the facility, you will be put in quarantine for 2 weeks, per COVID-19 protocol.

>>> ~^!"FANFAN, ~^!JIMMY" <90863053@inmatemessage.com> 8/11/2020 2:48 PM >>>

To: dental
Inmate Work Assignment: inmate comp.

why would i go to the dentist that mess up my jaw in the first place?plus i ask you the results from the x-ray.also i have to stay with the pain i guess? i did not refuse 3 times

NYM/InmateToDental - 6771f453-ea25-4933-908e-ade16efab5fc

From: NYM/InmateToDental
To: ~^!FANFAN, ~^!JIMMY
Subject: 6771f453-ea25-4933-908e-ade16efab5fc

Your name is on the dental schedule to be seen by the Dentist for the dental discomfort you mentioned to Medical.

Response by Dental Assistant

>>> ~^!"FANFAN, ~^!JIMMY" <90863053@inmatemessage.com> 5/25/2020 10:02 AM >>>

To: dental
Inmate Work Assignment: inmate comp.

ATTENTION

Please cut and paste the message indicator below into the subject line; only this indicator can be in the subject line.

6771f453-ea25-4933-908e-ade16efab5fc

Your response must come from the departmental mail box. Responses from personal mailboxes WILL NOT be delivered to the inmate.

Inmate Message Below

can i please get a tooth cleaning.ive been asking for almost two years....

Bureau of Prisons Health Services Clinical Encounter

Inmate Name: FANFAN, JIMMY
Date of Birth: 10/20/1971
Encounter Date: 02/09/2020 16:26

Sex: M Race: BLACK
Provider: Singh, Mandeep PA-C

Reg #: 90863-053
Facility: NYM
Unit: K01

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Singh, Mandeep PA-C

Chief Complaint: Cold or Flu Symptoms

Subjective: 48 y/o M presented during pill line for sore throat. Pt. states it started x3 days ago. He states he has pain and hoarseness. Denies drooling, dysphagia, throat closing, SOB, CP, cough, fever, chills, N/V/D.

Pain: Not Applicable

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
02/09/2020	16:26 NYM	98.0	36.7	Oral	Singh, Mandeep PA-C

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
02/09/2020	16:26	78	Via Machine		Singh, Mandeep PA-C

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
02/09/2020	16:26 NYM	Unavailabl				Singh, Mandeep PA-C

SaO2:

Date	Time	Value(%)	Air	Provider
02/09/2020	16:26 NYM	98	Room Air	Singh, Mandeep PA-C

Exam Comments

Gen: A and O x3, NAD, gat normal, Hoarseness noted with communication

Throat Injected w/ exudates, + tonsillar LAD. neg all others

Lungs: clear.

ASSESSMENT:

Acute laryngopharyngitis, J060 - Current

PLAN:

New Medication Orders:

Rx#	Medication	Order Date
	Azithromycin Tablet	02/09/2020 16:26

Prescriber Order: as directed on Z pack Orally - daily x 5 day(s) -- Please dispense Z pack or tablets according to z pack dosing.

Indication: Acute laryngopharyngitis

Disposition:

Follow-up at Sick Call as Needed

Return Immediately if Condition Worsens

Bureau of Prisons Health Services Clinical Encounter

Inmate Name: FANFAN, JIMMY	Sex: M	Race: BLACK	Reg #: 90863-053
Date of Birth: 10/20/1971	Provider: Joaquin, Y. MLP	Facility: NYM	Unit: K01
Encounter Date: 02/22/2020 08:00			

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Joaquin, Y. MLP

Chief Complaint: Other Problem

Subjective: Called for a "Medical Emergency" in 11 north. Inmate Fanfan was conveniently laying down on the floor by the common/TV area. When questioned of why he was in the floor he responded: "because I have flu-like symptoms for 2 days", he get up immediately when instructed by this clinician.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
02/22/2020	08:00 NYM	98.6	37.0	Oral	Joaquin, Y. MLP

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
02/22/2020	08:00	90	Via Machine	Regular	Joaquin, Y. MLP

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
02/22/2020	08:00 NYM	16	Joaquin, Y. MLP

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
02/22/2020	08:00 NYM	111/65	Right Arm	Sitting	Adult-regular	Joaquin, Y. MLP

Blood Glucose:

<u>Date</u>	<u>Time</u>	<u>Value (mg/dl)</u>	<u>Type</u>	<u>Regular Insulin</u>	<u>Provider</u>
02/22/2020	08:00	103	Random		Joaquin, Y. MLP

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
02/22/2020	08:00 NYM	100	Room Air	Joaquin, Y. MLP

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Cachectic, Jaundiced, Unconscious, Lethargic, Obtunded, Stuporous, Dyspneic, Appears in Pain, Pale, Cyanotic, Diaphoretic, Disneveled

Skin

General

Yes: Within Normal Limits

Inmate Name: FANFAN, JIMMY
 Date of Birth: 10/20/1971
 Encounter Date: 02/22/2020 08:00

Sex: M Race: BLACK
 Provider: Joaquin, Y. MLP

Reg #: 90863-053
 Facility: NYM
 Unit: K01

Exam:**Ears****Tympanic Membrane**

Yes: Within Normal Limits

Canal

Yes: Within Normal Limits

External Ear

Yes: Within Normal Limits

Pulmonary**Auscultation**

Yes: Clear to Auscultation, Vesicular Breath Sounds Bilaterally

No: Crackles, Inspiratory-Crackles, Rhonchi, Wheezing

Cardiovascular**Auscultation**

Yes: Regular Rate and Rhythm (RRR)

Exam Comments

Inmate evaluated after a call from Ops lieutenant.

Inmate was not in distress. He was laying down on the floor "because he had flu-like symptoms for 2 days", "I wanted to see medical".

Inmate was not coughing, no fever, normal vitals. Did not look in any pain or distress. Lungs were clear and well ventilated.

ASSESSMENT:

Counseling, unspecified, Z719 - Current - *R/O malingering*

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Patient Education Topics:**Date Initiated Format**

02/22/2020 Counseling

Handout/Topic

Access to Care

Provider

Joaquin, Y.

Outcome

Verbalizes
Understanding

Copay Required: Yes

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Joaquin, Y. MLP on 02/22/2020 11:02

Requested to be cosigned by Beaudouin, Robert MD.

Cosign documentation will be displayed on the following page.

Inmate Name: FANFAN, JIMMY
 Date of Birth: 10/20/1971
 Encounter Date: 03/02/2020 13:07

Sex: M Race: BLACK
 Provider: Joaquin, Y. MLP

Reg #: 90863-053
 Facility: NYM
 Unit: K01

Date	Time	Value(%)	Air	Provider
------	------	----------	-----	----------

Exam:**General****Affect**

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Appears in Pain

Exam Comments

Patient complaining of pain on left lower jaw.

To the examination:

No malalignment of his bite. No deformities.

patient describes getting pain on Ptemporomandibular joint.

Patient evaluated by Dr. Cho who recommended evaluation with x-rays of his jaw.

ASSESSMENT:

Jaw pain, R6884 - Current

PLAN:**New Medication Orders:****Rx#****Medication****Order Date**

Acetaminophen 325 MG Tablet

03/02/2020 13:07

Prescriber Order:

Two tablets Orally - three times a day PRN x 5 day(s) -- As needed for Left jaw pain.
 Take it with food.

Indication: Jaw pain

New Radiology Request Orders:**Details****Frequency****End Date****Due Date****Priority**

General Radiology-Mandible-General [Left] One Time

03/03/2020

Routine

Specific reason(s) for request (Complaints and findings):

Left jaw pain(pain on Left Temporomandibular Joint)

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:**Date Initiated****Format****Handout/Topic**

Access to Care

Provider

Joaquin, Y.

Outcome

Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Joaquin, Y. MLP on 03/02/2020 13:23

Requested to be cosigned by Beaudouin, Robert MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: FANFAN, JIMMY	Sex: M	Race: BLACK	Reg #: 90863-053
Date of Birth: 10/20/1971	Provider: Joaquin, Y. MLP	Facility: NYM	Unit: K01
Encounter Date: 03/02/2020 13:07			

Mid Level Provider - Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Joaquin, Y. MLP

Chief Complaint: Pain

Subjective: My left jaw hurts. Last time hit my jaw with the floor. It is very difficult to chew the food.

Pain: Yes

Pain Assessment

Date: 03/02/2020 13:09

Location: Jaw

Quality of Pain: Aching

Pain Scale: 8

Intervention: None

Trauma Date/Year:

Injury:

Mechanism:

Onset: 1-2 Weeks

Duration: 1-2 Weeks

Exacerbating Factors: Chewing food

Relieving Factors: Do not know.

Reason Not Done:

Comments:

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
03/02/2020	13:10 NYM	98.1	36.7	Oral	Joaquin, Y. MLP

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
03/02/2020	13:10	100	Via Machine	Regular	Joaquin, Y. MLP

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
03/02/2020	13:10 NYM	16	Joaquin, Y. MLP

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
03/02/2020	13:10 NYM	136/83	Right Arm	Sitting	Adult-regular	Joaquin, Y. MLP

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
03/02/2020	13:10 NYM	100	Room Air	Joaquin, Y. MLP

**Bureau of Prisons
Health Services
Dental Soap/Almin Encounter**

Inmate Name: FANFAN, JIMMY
Date of Birth: 10/20/1971
Encounter Date: 03/17/2020 15:19

Sex: M Race: BLACK
Provider: Ancrum, Cheryl DDS

Reg #: 90863-053
Facility: NYM
Unit: 101

Reviewed Health Status: Yes

Sick Call Visit encounter performed at Dental Clinic.

SUBJECTIVE:

COMPLAINT 1 Provider: Ancrum, Cheryl DDS

Chief Trauma/Oral Injury

Subjective: "I had the flu 4 weeks ago. I hadn't eaten for 8-9 days. I was drinking fluids. Then I came out of my cell to watch TV. Other dudes said I passed out. They said that I fell on the left side of my face. The next morning my jaw hurt. I couldn't eat solid food. I couldn't sleep on that side."

Pain Location: Tooth/Teeth

Pain Scale: 8

Pain Throbbing

History of Trauma:

Onset: 1-4 Weeks Ago

Duration:

Exacerbating Factors:

Relieving Factors:

Comments: Inmate indicates left jaw

OBJECTIVE:

ASSESSMENTS:

Fracture of mandible, S02609A - Current

Jaw pain, R6884 - Current

PROCEDURE:

Dental Procedures

Universal Protocol Followed: yes

Materials Discussed: yes

Radiograph(s) Reviewed: yes

Dental Procedures In Process/Completed During This Encounter

<u>Tooth/Area</u>	<u>Procedure</u>	<u>Status</u>
General	Examination, Limited	Completed
General	Panorex	Completed

Comments: Referred from Dr. Beaudouin for Panorex to r/o mandibular fracture

Findings: Left non-displaced mandibular angle fracture; not in occlusion clinically but Panorex with stable occlusion

Dr. Beaudoin/NapthCare to set up appt with Dr. Kaufman for evaluation

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Generated 03/17/2020 15:33 by Ancrum, Cheryl DDS

Bureau of Prisons - NYM

Page 1 of 2

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: FANFAN, JIMMY		Reg #: 90863-053
Date of Birth: 10/20/1971	Sex: M Race: BLACK	Facility: NYM
Note Date: 03/18/2020 14:54	Provider: Beaudouin, Robert MD	Unit: I01

Admin Note - Consultation encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Beaudouin, Robert MD
RE-WRITING CONSULT.

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Plastic Surgery	03/19/2020	03/19/2020	Routine	No	

Subtype:

OFFSITE

Reason for Request:

Per Dr. Kaufman, please send to ER to evaluate 1) mandibular left angle fracture and 2) mandibular left low condylar fracture.

Patient is to be referred to KJMC - ER.

Please call Dr. Kaufman to inform him of patient's arrival to the ER.

Provisional Diagnosis:

MANDIBULAR AND LEFT CONDYLAR FRACTURE

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Beaudouin, Robert MD on 03/18/2020 15:00

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: FANFAN, JIMMY
Date of Birth: 10/20/1971
Encounter Date: 04/02/2020 15:14

Sex: M Race: BLACK
Provider: Beaudouin, Robert MD

Reg #: 90863-053
Facility: NYM
Unit: I01

Physician - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Beaudouin, Robert MD

Chief Complaint: Other Problem

Subjective: MED TRIP RETURN S/P ORIF LT MANDIBULAR ANGLE FX, CREF LEFT MANDIBULAR CONDYLAR FRACTURE, MMF, EXCISION OF BONY CHRONIC OSTEOID ON 3/20/20.

DIET: CLEAR LIQUID PLUS ENSURE

RX: COLACE

DIFLUCAN 150 MG Q WEEK

ZANTAC 150 MG QD

Pain: Not Applicable

OBJECTIVE:

ASSESSMENT:

Constipation, unspecified, K5900 - Current

Fracture, Zygomatic fracture, closed, S02402A - Current - CHIEF LEFT ANGLE OF MANDIBLE, CREF LEFT MANDIBULAR CONDYLAR FRACTURE,

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Nutritional Supplement -Standard 1.0 Cal/ML Liq	04/02/2020 15:14
	Prescriber Order: 1 CAN Orally - Two Times a Day x 30 day(s) Pill Line Only	
	Indication: Fracture, Zygomatic fracture, closed	04/02/2020 15:14
	Chlorhexidine Gluc Oral Soln 0.12% (Non-Alcohol)	
	Prescriber Order: 5 CC Orally - Two Times a Day x 30 day(s) -- SWISH AND SPIT	
	Indication: Fracture, Zygomatic fracture, closed	04/02/2020 15:14
	Fluconazole Tablet	
	Prescriber Order: ONE 150 MG Orally, Weekly x 4 day(s)	
	Indication: Fracture, Zygomatic fracture, closed	04/02/2020 15:14
	Docusate Sodium Capsule	
	Prescriber Order: TAKE ONE 100 MG CAP Orally - Two Times a Day x 30 day(s)	
	Indication: Constipation, unspecified	

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Plastic Surgery	04/20/2020	04/20/2020	Routine	No	

Subtype:

OFFSITE

Reason for Request:

Inmate Name: FANFAN, JIMMY
 Date of Birth: 10/20/1971
 Encounter Date: 04/02/2020 15:14

Sex: M Race: BLACK
 Provider: Beaudouin, Robert MD

Reg #: 90863-053
 Facility: NYM
 Unit: I01

48 YR OLD MALE S/P ORIFLT MANDIBULAR ANGLE FX, CRF LEFTMANDIBULAR CONDYLAR FRACTURE, MMF, EXCISIONOF BONY CHRNOIC OSTEOID ON 3/20/20, GIVEN FOLLOW-UP FOR REMOVAL OF JAW WIRES WITH DR. KAUFMAN'S OFFICE IN OCEAN AVE IN BROOKLYN.

Provisional Diagnosis:

S/P.ORIF OF LEFT MANDIBLE.

Diet Orders:

Start Date

04/02/2020

Clear Liquid

Expiration Date

05/02/2020

Disposition:

Follow-up in 1 Month

Patient Education Topics:

Date Initiated Format

04/02/2020 Counseling

Handout/Topic

Diagnosis

Provider

Beaudouin, Robert

Outcome

Verbalizes
Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Beaudouin, Robert MD on 04/02/2020 15:46

Bureau of Prisons Health Services Clinical Encounter

Inmate Name: FANFAN, JIMMY
Date of Birth: 10/20/1971
Encounter Date: 04/02/2020 15:14

Sex: M Race: BLACK
Provider: Beaudouin, Robert MD

Reg #: 90863-053
Facility: NYM
Unit: I01

Physician - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Beaudouin, Robert MD

Chief Complaint: Other Problem

Subjective: MED TRIP RETURN S/P ORIF LT MANDIBULAR ANGLE FX, CREF LEFT MANDIBULAR
CONDYLAR FRACTURE, MMF, EXCISION OF BONY CHRONIC OSTEOID ON 3/20/20.

DIET: CLEAR LIQUID PLUS ENSURE.

RX: COLACE

DIFLUCAN 150 MG Q WEEK

ZANTAC 150 MG QD

Pain: Not Applicable

OBJECTIVE:

ASSESSMENT:

Constipation, unspecified, K5900 - Current

Fracture, Zygomatic fracture, closed, S02402A - Current - CREF LEFT ANGLE OF MANDIBLE, CREF LEFT MANDIBULAR
CONDYLAR FRACTURE,

PLAN:

New Medication Orders:

Rx#

Medication

Order Date

Nutritional Supplement - Standard 1.0 Cal/Ml

04/02/2020 15:14

Liq

Prescriber Order: 1 CAN Orally - Two Times a Day x 30 day(s) Pill Line Only

Indication: Fracture, Zygomatic fracture, closed

04/02/2020 15:14

Chlorhexidine Gluc Oral Soln 0.12% (Non-Alcohol)

Prescriber Order: 5 CC Orally - Two Times a Day x 30 day(s) -- SWISH AND SPIT

Indication: Fracture, Zygomatic fracture, closed

04/02/2020 15:14

Fluconazole Tablet

Prescriber Order: ONE 150 MG Orally Weekly x 4 day(s)

Indication: Fracture, Zygomatic fracture, closed

04/02/2020 15:14

Docusate Sodium Capsule

Prescriber Order: TAKE ONE 100 MG CAP Orally - Two Times a Day x 30 day(s)

Indication: Constipation, unspecified

New Consultation Requests:

Consultation/Procedure

Target Date

Scheduled Target Date

Priority

Translator

Language

Plastic Surgery

04/20/2020

04/21/2020

Routine

No

Subtype:

OFFSITE

Reason for Request:

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: FANFAN, JIMMY	Sex: M	Race: BLACK	Reg #: 90863-053
Date of Birth: 10/20/1971	Provider: Beaudouin, Robert MD	Facility: NYM	Unit: C02
Note Date: 04/03/2020 20:04			

Admin Note - Orders encounter performed at Health Services

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Beaudouin, Robert MD

ADDING TYLENOL FOR PAIN.

New Medication Orders:

Rx#

Medication

Order Date

04/03/2020 20:04

Acetaminophen 325 MG Tablet

Prescriber Order: 2 TABS Orally - Two Times a Day x 10 day(s)

Indication: Fracture of mandible

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Beaudouin, Robert MD on 04/03/2020 20:06

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: FANFAN, JIMMY	Sex: M	Race: BLACK	Reg #: 90863-053
Date of Birth: 10/20/1971	Provider: Beaudouin, Robert MD	Facility: NYM	Unit: I01
Encounter Date: 04/03/2020 12:55			

Physician - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Beaudouin, Robert MD

Chief Complaint: Other Problem

Subjective: MED TRIP RETURN S/P ORIF LT MANDIBULAR ANGLE FX, CREF LEFT MANDIBULAR CONDYLAR FRACTURE, MMF, EXCISION OF BONY CHRONIC OSTEOID ON 3/20/20.

DIET: CLEAR LIQUID PLUS ENSURE.

RX: COLACE

DIFLUCAN 150 MG Q WEEK

ZANTAC 150 MG BID.

Pain: Not Applicable

COMPLAINT 2 **Provider:** Beaudouin, Robert MD

Chief Complaint: Other Problem

Subjective: I ACCOMPANIED THE INMATE TO HIS UNIT. HE WAS IN NO DISTRESS. HE DENIED INJURY FROM THE TRIP.

Pain: Not Applicable

OBJECTIVE:

ASSESSMENT:

Constipation, unspecified, K5900 - Current

Fracture, Zygomatic fracture, closed, S02402A - Current - ORIF OF LEFT ANGLE OF MANDIBLE, CREF LEFT MANDIBULAR CONDYLAR FRACTURE,

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Ibuprofen Suspension 100 MG/5ML	04/03/2020 12:55

Prescriber Order: 5 CC Orally - three times a day PRN x 30 day(s) -- TAKE AS NEEDED ONLY.

Indication: Jaw pain, Fracture, Zygomatic fracture, closed, Fracture of mandible

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Beaudouin, Robert MD on 04/03/2020 12:57

**Bureau of Prisons
Health Services
Dental Soap/Admin Encounter**

Inmate Name: FANFAN, JIMMY	Sex: M	Race: BLACK	Reg #: 90863-053
Date of Birth: 10/20/1971	Provider: Ancrum, Cheryl DDS		Facility: NYM
Encounter Date: 04/17/2020 11:29			Unit: Z02

Reviewed Health Status: Yes

Sick Call Visit encounter performed at Dental Clinic.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Ancrum, Cheryl DDS

Chief **Pain**

Subjective: c/o increasing pain and left facial swelling; 2 weeks S/P discharge for ORIF Left mandibular angle fx, left condylar fx, MMF, and excision of chronic bony osteoid (3/20/2020).

Pain Location: Lower jaw

Pain Scale: 8

Pain **Throbbing**

History of Trauma:

Onset: 1-4 Weeks Ago

Duration:

Exacerbating Factors:

Relieving Factors:

Comments: Inmate indicates left jaw

OBJECTIVE:

ASSESSMENTS:

Alveolitis of jaws, M273 - Current

Jaw pain, R6884 - Current

PROCEDURE:

Dental Procedures

Universal Protocol Followed: yes

Materials Discussed: yes

Radiograph(s) Reviewed: yes

Dental Procedures In Process/Completed During This Encounter

<u>Tooth/Area</u>	<u>Procedure</u>	<u>Status</u>
General	Examination, Limited	Completed

Comments: Inmate in MMF; moderate left facial swelling; no suppuration noted; spoke with Dr. Kaufman, who will see inmate next week for evaluation and removal of MMF; inmate has Rx pain meds and Rx Peridex--instructed to continue as directed; will add antibiotics

Panorex not operable at this time

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>
	Clindamycin HCl Capsule

Order Date

04/17/2020 11:29

Prescriber Order: 300mg Orally Mouth - three times a day x 7 day(s) -- crush for use

Indication: Alveolitis of jaws

Bureau of Prisons Health Services Clinical Encounter

Inmate Name: FANFAN, JIMMY	Sex: M	Race: BLACK	Reg #: 90863-053
Date of Birth: 10/20/1971	Provider: Singh, Mandeep PA-C	Facility: NYM	Unit: Z02
Encounter Date: 04/23/2020 17:24			

Mid Level Provider - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Singh, Mandeep PA-C

Chief Complaint: Medical Trip Return

Subjective: 48 y/o M return from the hospital trip. Pt. went to get ORIF of mandibular fracture extraction. All the hardware was removed and extensive amount of gingival hypertrophy debrided.

Pain: Not Applicable

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/23/2020	17:25	103	Via Machine		Singh, Mandeep PA-C

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
04/23/2020	17:25 NYM	142/66	Left Arm	Sitting	Adult-regular	Singh, Mandeep PA-C

Exam Comments

Gen: A and O x3, moderately distressed.

ASSESSMENT:

Fracture of mandible, S02609A - Current

Fracture, Zygomatic fracture, closed, S02402A - Current

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Return Immediately if Condition Worsens

Other:

f/u with MCC dental

F/u with Dr. Kaufman PRN

STRICT soft/liquid diet for 2 additional week, then advance to soft and solid diet as tolerated.
for any question call 646-515-8303

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
04/23/2020	Counseling	Access to Care	Singh, Mandeep	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Singh, Mandeep PA-C on 04/23/2020 17:27

Requested to be cosigned by Beaudouin, Robert MD.

Generated 04/23/2020 17:27 by Singh, Mandeep PA-C

Bureau of Prisons - NYM

Page 1 of 2

Bureau of Prisons Health Services Clinical Encounter

Inmate Name: FANFAN, JIMMY	Sex: M	Race: BLACK	Reg #: 90863-053
Date of Birth: 10/20/1971	Provider: Beaudouin, Robert MD	Facility: NYM	Unit: 101
Encounter Date: 05/22/2020 09:59			

Physician - Evaluation encounter performed at Health Services

SUBJECTIVE:**COMPLAINT 1** **Provider:** Beaudouin, Robert MD**Chief Complaint:** Other Problem

Subjective: PATIENT IS HERE FOR FOLLOW-UP AFTER HE WAS ERRONEOUSLY GIVEN A DOSE OF METHADONE 5 DAYS AGO AND WAS GIVEN INTRANSAL NARACN. STATES HE IS 100 % FINE, HAS NO PROBLEM, IS NOT TIRED OR SLEEPY, HAS NO GI OR NEUROLOGICAL COMPLAINTS.

Pain: Not Applicable**OBJECTIVE:****Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
05/22/2020	10:00 NYM	97.9	36.6	Forehead	Beaudouin, Robert MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/22/2020	10:00	78	Via Machine		Beaudouin, Robert MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
05/22/2020	10:00 NYM	12	Beaudouin, Robert MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
05/22/2020	10:00 NYM	134/82	Left Arm			Beaudouin, Robert MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
05/22/2020	10:00 NYM	100	Room Air	Beaudouin, Robert MD

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
05/22/2020	10:00 NYM	192.6	87.4		Beaudouin, Robert MD

Exam:**General****Affect**

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Dyspneic, Appears in Pain, Writhing in Pain, Pale, Pallor, Cyanotic, Diaphoretic, Disheveled, Unkempt, Acutely Ill

Nutrition

No: Appears Obese

Eyes



MCC New York NYM

Patient:	FANFAN, JIMMY (Male)	DOB:	10/20/71
Register#:	90863-053	Age:	48
Date:	06/19/20 10:05	Status:	OP
Slice count:	2		
History:	Left jaw pain, surgery was done 3/20/2020		
Priors:			
Exams:	FILM MANDIBLE		
Referring Phy:			
Ordering Phy:	Joaquin, Y. M.D.		
Ordering Phy #:			
Accession Numbers:	202#BOP00182925		

Final Report

Exam: FILM MANDIBLE

INDICATION: Left jaw pain, surgery was on 3/20/20

COMPARISON: None

FINDINGS: 2 views of the mandible are obtained.

There is plate and screw fixation of healed left mandible angle fracture in anatomic alignment. Hardware is intact without hardware complication.

No acute fracture. Temporomandibular joint alignment appear maintained.

No acute osseous erosive changes are identified radiographically.

Soft tissues are unremarkable.

No radio-opaque foreign bodies seen.

Visualized paranasal sinuses unremarkable by radiograph.

IMPRESSION:

There is plate and screw fixation of healed left mandible angle fracture in anatomic alignment. Hardware is intact without hardware complication.

No acute fracture. Temporomandibular joint alignment appear maintained.

Soft tissues unremarkable by radiograph.

Radiologist: Farhad Khorashadi, MD

Study ready at 10:07 and initial results transmitted at 12:10

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: FANFAN, JIMMY		Reg #: 90863-053
Date of Birth: 10/20/1971	Sex: M	Race: BLACK
Note Date: 05/05/2020 13:11	Facility: NYM	Unit: C02
	Provider: Beaudouin, Robert MD	

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Beaudouin, Robert MD

PATIENT REPORTS CONSTINUED PAIN IN THE LEFT LOWER MANDIBUALR AREA.
WILL RENEW THE T3.

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Acetaminophen/Codeine 300/30 MG Tablets	05/05/2020 13:11
	<u>Prescriber Order:</u> TAKE 2 TABS Orally - Two Times a Day x 5 day(s) Pill Line Only	
	<u>Indication:</u> Fracture, Zygomatic fracture, closed	

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Beaudouin, Robert MD on 05/05/2020 13:14

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: FANFAN, JIMMY		Reg #: 90863-053
Date of Birth: 10/20/1971	Sex: M	Race: BLACK
Note Date: 05/11/2020 20:48	Provider: Beaudouin, Robert MD	Facility: NYM Unit: I01

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Beaudouin, Robert MD

PATIENT INFORMED THE PA HE STILL CONTINUES TO HAVE JAW PAIN.
I DISCUSSED WITH THE PATIENT THAT I WAS RECOMMENDING FOR HIM TO HAVE A FOLLOW-UP WITH THE ORAL MAXILLO FACIAL SURGEON WHO OPERATED ON HIM. HE STATED HE DID NOT WANT TO GO FOR A FOLLOW-UP. I WILL REVISIT THIS WITH HIM AGAIN.
WILL TAPER OFF THE T3 AND PLACED PATIENT ON CYMBALTA.

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Acetaminophen/Codeine 300/30 MG Tablets	05/11/2020 20:48
	<u>Prescriber Order:</u> 2 TABS Orally - Two Times a Day x 7 day(s) Pill Line Only -- TAPER OFF 2 TABS TWICE DAILY FOR DAYS, THEN 1 TAB TWICE DAILY FOR 4 DAYS, THEN D/C.	
	<u>Indication:</u> Fracture, Zygomatic fracture, closed, Fracture of mandible	
	DULoxetine Delayed Release Capsule	05/11/2020 20:48
	<u>Prescriber Order:</u> 30 MG CAP Orally each evening x 90 day(s) -- TAKE ONE TAB IN PM X 3 DAYS, THEN 2 TABS IN PM X 177 DAYS.	
	<u>Indication:</u> Jaw pain	
	Naproxen Tablet	05/11/2020 20:48
	<u>Prescriber Order:</u> TAKE 2 TABS Orally - Two Times a Day x 90 day(s)	
	<u>Indication:</u> Jaw pain	

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Beaudouin, Robert MD on 05/11/2020 20:59

Inmate Name: FANFAN, JIMMY
 Date of Birth: 10/20/1971
 Encounter Date: 05/17/2020 18:00

Sex: M Race: BLACK
 Provider: Lopes, Hygor NRP

Reg #: 90863-053
 Facility: NYM
 Unit: 101

Exam:**Observation/Inspection**

Yes: Within Normal Limits

No: Coughing, severe w production green/brown mucus, Apneic, Respiratory Distress, Tachypnea, Hyperventilation

ASSESSMENT:

No Significant Findings/No Apparent Distress

Inmate was administered methadone 100mg on error during evening pill line. Contact was made with the inmate after the error and he was notified of such. Inmate was explained the side effects of the medication he was administered. Inmate understood and stated he feels fine. Approx. 45 minutes after being administered the medication, inmate was brought down to health services for evaluation. Inmate ambulates without assistance with no unsteady gait present. Speaking in full sentences AOx4, pupils are equal and reactive to light from 4mm to 2mm. Vital signs assessed, noted to be within normal limits. Consulted with Dr. Beaudouin who then ordered wither activated charcoal or Narcan intra-nasal. Contact also made with poison control who advised of the same. Inmate did deny the activated charcoal but he did accept the Narcan intra-nasal. Used left Nair, administered 4mg with no complications. Vital signs reassessed and noted to be within normal limits. Inmate returned back to housing unit with no incidents to report.

PLAN:**New Medication Orders:****Rx#****Medication****Order Date**

05/17/2020 18:00

Naloxone Nasal Liquid 4 MG/0.1ML

Prescriber Order: 4mg Per Nostril One Time Dose Given PRN x 0 day(s) Pill Line Only

Start Now: Yes

Night Stock Rx#:

Source: Night Stock

Admin Method: Pill Line

Stop Date: 05/17/2020 18:50

MAR Label: 4mg Per Nostril One Time Dose Given PRN x 0 day(s) Pill Line Only

One Time Dose Given: Given Now

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:**Date Initiated Format**

05/17/2020 Counseling

Handout/Topic

Access to Care

Provider

Lopes, Hygor

Outcome

Verbalizes Understanding

05/17/2020 Counseling

Medication Side Effects

Lopes, Hygor

Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes

By: Beaudouin, Robert MD

Telephone or Verbal order read back and verified.

Completed by Lopes, Hygor NRP on 05/17/2020 18:53

Requested to be cosigned by Beaudouin, Robert MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: FANFAN, JIMMY	Sex: M	Race: BLACK	Reg #: 90863-053
Date of Birth: 10/20/1971	Provider: Beaudouin, Robert MD	Facility: NYM	Unit: 101
Encounter Date: 05/18/2020 11:00			

Physician - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Beaudouin, Robert MD

Chief Complaint: Other Problem

Subjective: PATIENT IS HERE FOR FOLLOW-UP.
HE WAS ERRONEOUSLY GIVEN A METHADONE DOSE OF 100 MG LAST EVENING.
HE WAS SUBSEQUENTLY EVALUATED, WAS GIVEN INTRANASAL SPRAY OF NARCAN
4 MG DOSE. STATES AFTER THE NARCAN HE FELT LESS TIRED.
STATES HE WORKED LAST NIGHT AS A SUICIDE ATTENDANT, AND HAD NO PROBLEM
MAINTAINING ATTENTION OR FEELING DROWSY.
STATES HE IS TIRED, AS HE JUST GOT OFF WORK FROM THE NIGHT SHIFT AND
NEEDS TO GO TO SLEEP.
STATES IN GENERAL HE FEELS OK.

Pain: Not Applicable

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
05/18/2020	11:00 NYM	97.8	36.6	Forehead	Beaudouin, Robert MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/18/2020	11:00	89	Via Machine		Beaudouin, Robert MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
05/18/2020	11:00 NYM	14	Beaudouin, Robert MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
05/18/2020	11:00 NYM	119/72	Left Arm			Beaudouin, Robert MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
05/18/2020	11:00 NYM	97	Room Air	Beaudouin, Robert MD

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
05/18/2020	11:00 NYM	190.0	86.2		Beaudouin, Robert MD

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Dyspneic, Appears in Pain, Writhing in Pain, Pale, Pallor, Cyanotic, Diaphoretic,

**Bureau of Prisons
Health Services
Dental Soap/Admin Encounter**

Inmate Name:	FANFAN, JIMMY	Sex:	M	Race:	BLACK	Reg #:	90863-053
Date of Birth:	10/20/1971	Provider:	Ancrum, Cheryl DDS	Facility:	NYM	Unit:	101
Encounter Date:	06/01/2020 12:57						

Administrative Note encounter at Dental Clinic.

Reason Not Done: Unavailable

Comments: Institutional lockdown; inmate to be rescheduled for F/U Panorex

Cosign Required: No

Completed by Ancrum, Cheryl DDS on 06/01/2020 12:59.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	FANFAN, JIMMY	Sex:	M	Race:	BLACK	Reg #:	90863-053
Date of Birth:	10/20/1971	Provider:	Sommer, Diane MD,	Facility:	NYM	Unit:	I01
Note Date:	06/29/2020 08:20						

Admin Note - Chart Review encounter performed at Telehealth

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Sommer, Diane MD, NER-MAST Physician
lab work needs to be rescheduled due to modified operations due to COVID 19

ASSESSMENTS:

Adverse effect of other drugs, medicaments and biological substances, T50995S - Resolved

Chest pain, unspecified, R079 - Resolved

Constipation, unspecified, K5900 - Resolved

Dermatitis, unspecified, L309 - Resolved

Gastro-esophageal reflux disease without esophagitis, K219 - Remission

Tinea pedis, B353 - Resolved

Discontinued Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-H-H. Pylori Antigen, stool	One Time	05/28/2020 00:00	Routine

Discontinued Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Plastic Surgery	03/19/2020	03/19/2020	Routine	No	

Subtype:

OFFSITE

Reason for Request:

Per Dr. Kaufman, please send to ER to evaluate 1) mandibular left angle fracture and 2) mandibular left low condylar fracture.

Patient is to be referred to KJMC - ER.

Please call Dr. Kaufman to inform him of patient's arrival to the ER.

Provisional Diagnosis:

MANDIBULAR AND LEFT CONDYLAR FRACTURE

Plastic Surgery	04/20/2020	04/20/2020	Routine	No
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Subtype:

OFFSITE

Reason for Request:

48 YR OLD MALE S/P ORIFLT MANDIBULAR ANGLE FX, CRF LEFTMANDIBULAR CONDYLAR FRACTURE, MMF, EXCISIONOF BONY CHROIC OSTEOID ON 3/20/20, GIVEN FOLLOW-UP FOR REMOVAL OF JAW WIRES WITH DR. KAUFMAN'S OFFICE IN OCEAN AVE IN BROOKLYN.

Provisional Diagnosis:

S/P ORIF OF LEFT MANDIBLE.

Other:

chart reviewed - no GI complaints

no need for testing

Generated 06/29/2020 08:26 by Sommer, Diane MD,

Bureau of Prisons - NYM

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: FANFAN, JIMMY	Sex: M	Race: BLACK	Reg #: 90863-053
Date of Birth: 10/20/1971	Provider: Joaquin, Y. MLP	Facility: NYM	Unit: K01
Encounter Date: 03/02/2020 13:07			

Mid Level Provider - Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Joaquin, Y. MLP

Chief Complaint: Pain

Subjective: My left jaw hurts. Last time hit my jaw with the floor. It is very difficult to chew the food.

Pain: Yes

Pain Assessment

Date: 03/02/2020 13:09

Location: Jaw

Quality of Pain: Aching

Pain Scale: 8

Intervention: None

Trauma Date/Year:

Injury:

Mechanism:

Onset: 1-2 Weeks

Duration: 1-2 Weeks

Exacerbating Factors: Chewing food

Relieving Factors: Do not know.

Reason Not Done:

Comments:

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
03/02/2020	13:10 NYM	98.1	36.7	Oral	Joaquin, Y. MLP

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
03/02/2020	13:10	100	Via Machine	Regular	Joaquin, Y. MLP

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
03/02/2020	13:10 NYM	16	Joaquin, Y. MLP

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
03/02/2020	13:10 NYM	136/83	Right Arm	Sitting	Adult-regular	Joaquin, Y. MLP

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
03/02/2020	13:10 NYM	100	Room Air	Joaquin, Y. MLP

Inmate Name: FANFAN, JIMMY
 Date of Birth: 10/20/1971
 Encounter Date: 03/02/2020 13:07

Sex: M Race: BLACK
 Provider: Joaquin, Y. MLP

Reg #: 90863-053
 Facility: NYM
 Unit: K01

Date	Time	Value(%)	Air	Provider
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Exam:**General****Affect**

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Appears in Pain

Exam Comments

Patient complaining of pain on left lower jaw.
 To the examination:
 No malalignment of his bite. No deformities.
 patient describes getting pain on Ptemporomandibular joint.
 Patient evaluated by Dr. Cho who recommended evaluation with x-rays of his jaw.

ASSESSMENT:

Jaw pain, R6884 - Current

PLAN:**New Medication Orders:**

Rx#	Medication	Order Date
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Acetaminophen 325 MG Tablet

Prescriber Order: Two tablets Orally - three times a day PRN x 5 day(s) -- As needed for Left jaw pain.
 Take it with food.

Indication: Jaw pain

New Radiology Request Orders:

Details	Frequency	End Date	Due Date	Priority
General Radiology-Mandible-General [Left] One Time			03/03/2020	Routine
Specific reason(s) for request (Complaints and findings): Left jaw pain(pain on Left Temporomandibular Join)				

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
03/02/2020	Counseling	Access to Care	Joaquin, Y.	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Joaquin, Y. MLP on 03/02/2020 13:23

Requested to be cosigned by Beaudouin, Robert MD.

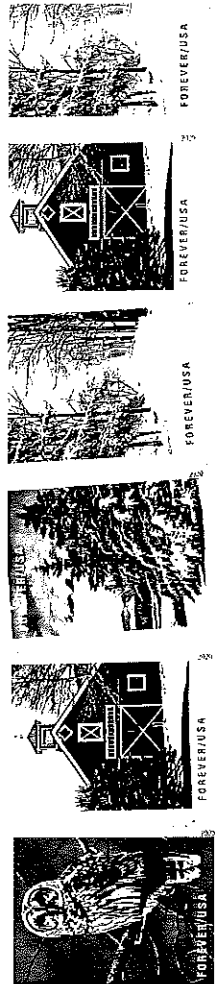
Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	FANFAN, JIMMY	Sex:	M	Reg #:	90863-053
Date of Birth:	10/20/1971	Provider:	Joaquin, Y. MLP	Race:	BLACK
Encounter Date:	03/02/2020 13:07			Facility:	NYM

Cosigned by Beaudouin, Robert MD on 03/02/2020 21:38.

Jimmy Fann # 908 63-035
M.C.C New York.
150 Park Row
New York N.Y 10007



Hon. Judge Lorna G. Schofield,
C/o Clerk of Court
Southern District of New York
U.S. Courthouse - 500 Pearl St
New York N.Y 10007

RECEIVED

21 CV 104
Aug 2, 21

Judge Lorna G. Schofield

I'm writing to let the court's
know Jimmy Fan Fan # 90863-053, CASE #
21 CIV.00704 (LGS) is moving to M.D.C
from M.C.C

I'm at

80 29th Street

Brooklyn NY 11232

So can you please forward all mail to
that address please, And also I ~~am~~
suppose to go to Conaan in P.A in
the near future. I will keep in
posted.

Thank You.

Jimmy Fan Fan

Jimmy Fan Fan

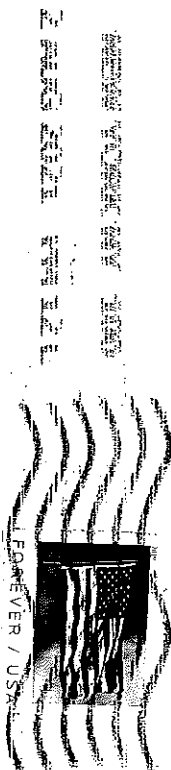
90863-053

CASE# 21 CIV.00704

Did you Recieve my Medical
Record that I mailed you?

Jimmy Fan Fan # 90863053
80 29th STREET
Brooklyn NY 11232

USMP
SDNY



CLERK of COURT / 90
United States District Court
Southern District of New York
U.S. Court House - 500 Pearl Street

08/02

